

Sovereign Care (North East) Ltd

The Grange

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Grange is a residential care home providing accommodation and personal care to people living with a mental health condition. The service can accommodate up to 18 people in an adapted building over two floors. At the time of inspection, 17 people were living at the home.

People's experience of using this service and what we found

Infection prevention and control measures had greatly improved since our previous inspection. Staff wore appropriate PPE and disposed of used PPE safely. Visitors were screened for COVID-19, and improvements had been made to the safety and cleanliness of the environment.

People told us they felt safe and well cared for. People's care plans contained detailed and person-centred information to enable staff to support them safely. Care plans and risk assessments had been implemented for emergency and urgent admissions.

Staff had received further training to address shortfalls in staff knowledge identified at our previous inspection. There were enough staff on duty and staff were recruited safely. Accidents and incidents were recorded. Lessons learnt were shared and communicated promptly to staff. Medicines were safely managed.

The management team was approachable and supportive. Audits were undertaken regularly, and the audits effectively identified areas for improvement. Action plans were created and put into place. Feedback was sought and encouraged from people, staff and relatives. The service worked well with other professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 February 2021) and there were multiple breaches of regulation. We issued conditions on the provider's registration regarding infection prevention and control. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing, and good governance.

At this inspection we found improvements had been made, the provider was no longer in breach of regulations, and the provider had met the conditions issued against their registration.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to check whether the conditions we previously served in relation to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection (published 18 February 2020) for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection and our last focused inspection, by selecting the 'all reports' link for The Grange on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Grange

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, a senior support worker, four support workers and a cook.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at one staff file in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested additional documents to be sent to us electronically, including audits and quality assurance documents. We spoke with one professional who regularly visits the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to robustly protect people from the risk of infection. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 and conditions placed on their registration were removed.

- We were assured that the provider was preventing visitors from catching and spreading infections. Visitors were appropriately screened for COVID-19.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. We observed staff following best practice guidance to minimise the risk of infection.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to adequately identify, review and manage risk. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The building was now safe for people and staff. Significant improvements had been made to the safety

and cleanliness of the environment. Maintenance work was ongoing and a clear action plan was in place.

- People's care plans were comprehensive and contained robust individual risk assessments to keep people safe. Staff were provided with clear and detailed guidance to enable them to support people safely and in a person-centred way.
- Care plans and risk assessments were reviewed monthly, or sooner if required. Changes to people's needs were communicated to staff thoroughly and promptly with regular handovers and staff meetings.

Staffing and recruitment

At our last inspection the provider had failed to have the right staff on duty to safely meet people's needs. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff were suitably trained to meet people's needs. Since our last inspection, staff had completed in-house and external training in a number of areas, including infection control, COVID-19, and behaviours which challenge. One staff member confirmed, "Infection control and PPE training was put in place immediately after the previous inspection. We have also all had more refresher training online. We have done lots of training and I don't think there is anything missing."
- There were enough staff on duty to safely and effectively support people's needs. One staff member told us, "There are plenty of staff on duty and we have the time to do lots of activities with people." One person told us, "There are always plenty of staff and they are very friendly."
- Staff were observed to follow the home's policies and procedures to keep people safe. For example, staff wore appropriate PPE and disposed of used PPE in line with best practice guidance.
- Staff were recruited appropriately. The provider carried out Disclosure Barring Service (DBS) checks, obtained appropriate references, and explored any gaps in previous employment.

Learning lessons when things go wrong

At our last inspection the provider had failed to appropriately record and learn from incidents. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Lessons were learnt following the previous inspection. The provider carried out a thorough review and devised a comprehensive action plan to address the concerns. The actions had been implemented and significant improvements had been made.
- Lessons learnt were communicated promptly to all staff. The registered manager checked staff understanding and monitored changes to support sustained improvement.
- Accidents and incidents were recorded and communicated to staff, both in meetings and with the use of a 'communication book'. The registered manager reviewed accidents and incidents and looked for trends.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, we made a recommendation that robust measures were implemented to ensure the service was a suitable placement for all new admissions and appropriate care plans and risk assessments were put in place for new admissions, to safeguard people from the risk of abuse. The provider had made improvements.

- Processes were in place to reduce the risk of abuse. Pre-admission assessments were thorough and detailed and included information to help staff keep people safe from potential abuse. The registered manager was pro-active in engaging and liaising with other professionals to ensure appropriate support was put in place for people.
- The registered manager had introduced a robust system for emergency and urgent admissions. A new emergency admission care plan had been implemented which provided key information and clear guidance for staff to support the person. Urgent information was also shared with staff in the 'communication book', handovers and emergency staff meetings.
- People told us they felt safe and well cared for. One person told us, "I feel safe, very much so. The care is brilliant."
- Staff understood their safeguarding responsibilities and had completed up to date training. Staff told us they were confident in raising concerns and these would be dealt with appropriately by management.

Using medicines safely

- Medicines were administered safely. Medicines were administered by staff who had appropriate training and people received their medicines as prescribed. Clear protocols were in place for medicines which were to be given to people on an 'as and when required' basis.
- Medicines were stored securely and managed safely. Medicines were stored in line with best practice guidance. Stock counts were completed daily. Comprehensive medicine audits were carried out monthly.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to adequately identify and manage risk. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Leaders engaged openly and honestly following the issues identified at the previous inspection. Appropriate action plans were implemented, and people and staff were consulted throughout the process.
- Staff were committed to providing person-centred care to people to ensure good outcomes. Individualised information and guidance was recorded in people's care plans to support staff to achieve this.
- Staff knew the likes and dislikes of individual residents which supported them to provide compassionate care. One staff member told us, "We have an activities board and we do things every day and people choose what they want to do. The residents are really happy and the staff are really happy. It is one big family."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; continuous learning and improving care

At our last inspection the provider had failed to appropriately understand regulatory requirements. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Incidents and accidents were appropriately recorded and analysed. Lessons learnt were shared and discussed with the staff team to ensure ongoing improvements.

- The management team understood their role regarding regulatory requirements and the need to be open and honest. Relevant incidents had been notified to CQC as required by law.
- Quality assurance processes were in place. The provider had implemented effective procedures to review the quality of the service. Regular audits were completed along with staff competency checks. Audits identified areas for improvement and actions were implemented in response.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider encouraged and welcomed feedback and involvement from people, relatives and staff. The registered manager was approachable, supportive and acted on feedback.
- One person told us, "We have meetings where everyone can contribute, and I have done questionnaires and surveys." People were involved with improvements in the home, for example, people were able to choose which new flooring and furniture they would like for their rooms.
- Staff told us, "[The registered manager] is incredibly supportive" and "The other day I was anxious about something so I went in early to have a chat with [the registered manager] and then I felt better. You can go to [the registered manager] with anything." One relative told us, "The [registered manager] is approachable and listens to what you say."
- The service worked effectively with other professionals to ensure people's needs were met and appropriate support was in place. The registered manager was pro-active and promptly made referrals to healthcare professionals including dietitians, GPs, chiropodists and the mental health team. One professional told us, "They always attend meetings when needed. I've had nothing but a positive experience."